



Client No. 2036		Client Name O.H. materials				Location 1002 Oswego St Utica		Date 5/6/87											
Facility Equipment 1	Detex Clock 1	Weapon No. -	Holster -	Nightstick -	Raincoat 1	Flashlight 1	Other Gate, Trailer keys, phone												
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) otc Dealings				Officer—Swing Shift (Name) otc Del Vecchio		Officer—Grave Shift (Name) Dick Koporski											
		Shift Began 8:00 AM PM Ended 4:00 AM PM				Shift Began 4:00 AM PM ended 12:00 AM PM		Shift Began 12:00 AM PM Ended 8:00 AM PM											
Observations or actions taken	Yes	No	Explanation		Yes	No	Explanation		Yes	No	Explanation								
Rounds or stations missed	✓					✓				✓									
Unlocked doors, gates or windows		✓				✓				✓									
Unlocked vaults or safes		✓				✓				✓									
Fire-smoke-or hazards		✓				✓				✓									
1. Extinguishers missing or defective		✓				✓				✓									
2. Sprinkler system defective		✓				✓				✓									
3. Fire doors or exits blocked		✓				✓				✓									
4. Rubbish accumulation		✓				✓				✓									
5. Motors running		✓				✓				✓									
6. Lights left burning		✓			✓	AS required			✓	LIGHTS OUT 6:00AM									
Injury hazards		✓				✓				✓									
Visitors	✓				✓				✓	EDAP/MEN OHM/MEN									
Trespassing		✓				✓				✓									
Violation of company rules		✓				✓				✓									
Remarks																			
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																			
1. Were you injured during this tour?		Day Shift 1. Yes No		2. Yes No		3. Yes No		Swing Shift 1. Yes No		2. Yes No		3. Yes No		Grave Shift 1. Yes No		2. Yes No		3. Yes No	
2. Did you suffer any illness?		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No	
3. Have you reported all accidents coming to your attention?		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No	
Signatures		1. otc Dealings		2. otc Del Vecchio		3. Dick Koporski		1. otc Dealings		2. otc Del Vecchio		3. Dick Koporski		1. otc Dealings		2. otc Del Vecchio		3. Dick Koporski	
Signatures		2.		2.		2.		2.		2.		2.		2.		2.		2.	
Signatures		3.		3.		3.		3.		3.		3.		3.		3.		3.	

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